Automatic Account Debit Authorization

I hereby authorize Christian Missionary Fellowship to directly debit my checking or savings account noted on the voided check attached below. I have designated below the recurring monthly amount I wish to be deducted from my account, and I understand that this will remain in effect until I notify the Finance Department in writing that I wish to discontinue the direct debit program. I understand that enrollment in or discontinuation of the direct debit program may take 5 to 7 business days to become effective. I understand that debits to my account will occur on the 15th of each month or on the first banking day following the 15th if the 15th falls on a weekend or holiday.

_____ _____ _______________

Donor Name (Printed) Donor Signature Date

_____ _____–_____–_____

Donor Address (Street, City, State, ZIP) Donor Phone

_____

Bank Name / Branch

_____

Bank Address (Street, City, State, ZIP)

_____

Routing Number

_____

Bank Account Number

❑ Checking ❑ Savings

I wish to support the following:

Missionary name(s), General Fund, Sponsored Child name(s)	**Monthly Amount**
_____	$_____
_____	$_____
_____	$_____
_____	$_____

(Please attach voided check here)

CMF International

Please return this completed form to:

Christian Missionary Fellowship
Attn: Finance Division
P.O. Box 501020
Indianapolis, IN 46250